

81

BECKETT STREET

MUNI SO.


SAFETY
78503 31

OK 36 AVUJOT SECT. Date 11-1-65

Photos yes no

Proj. No. C.I. Ass'rs Zone Zone Viol

Stories BFM ASID SAR MSA NA MS ST P Con. Units Rmg Units Del. Units

LOCATION VI - BECKETT

OWNER AGENT MICHAEL SALIM

OWNER AGENT SAME

Occupants	Information	Occupancy	Facilities										Violations					
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH		FLSH	K.SK	H.W.	CK'G	
1. TRAY DOOR	(1) G.S.P.		1F				5		5									
2. MICHAEL SALIM	OWNER		2F				5		5									
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

GARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RATS RI O E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

STRUCTURE INTERIOR

WALL, OBST'N

WALL, LIGHTING

WALL, FLOOR, WALLS, CEILING

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT. WIRING

HEATING CENTRAL YES NO

STACKS, FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNES RI O

STAIRS

LIGHTING

BASE DWL. UNIT

MIN 7' - 3"

DAMPNES RI O

WINDOW 1/12 X 8'

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks: ATTIC ROOMS NOT USED CH

Inspector: [Signature]

Portland Health Dept. CS-8

Photos yes no

Date /

Proj. No.

CROWDING	LOCATION	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCPNT	
BASE D.U.	OWNER AGENT	
DET'RN	ADDRESS	YYS

DWELLING UNIT SCHEDULE

Occupants Information Occupancy Facilities Violations

Occupants	Information					Occupancy				Facilities				Violations
	LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	
MICHAEL SALIM				2	5									
2.														
3.														
4.														

	KITCHEN BATH TOILET DINING BED BED BED BED OTHER TOTAL								KITCHEN SINK & WATER			
	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL	STNK	SUPPLY & WASTE
OVERCROWDING											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
55' - 7'	X	X	X	X	X	X	X	X	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50 SLEEP'G	X	X	X	X	X	X	X	X	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VENTILATION 1/12 x 1/2											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING WIRING											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DET'RN WALLS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILINGS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOWS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DOORS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLOORS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks

Remarks section with lines for notes.

- KITCHEN SINK & WATER
- STNK
- SUPPLY & WASTE
- PLBG. GER'L
- HEATING**
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'N
- BATHING FACILITIES**
- SHARED MAX. ADV
- RING U. 1 PEA 15
- WIN. 7' STOR HT.
- VENT'LN
- PROPER ACCESS
- PLB'G
- SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU
- RING U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLB'G
- SANIT'N
- INFESTATION**
- RATS RI OI E
- OTHER (SPECIFY)
- EGRESS**
- DUAL YFS. NO
- OBST'N

Portland Health Dept. CS-7

Inspector T. Nye

NOT IN USE